Continuous quality improvement: RCVS Knowledge

RCVS Knowledge Canine Cruciate Registry

Mark Morton

RCVS Knowledge is embarking on a project to create a canine cruciate registry (CCR). This registry will record information about the surgical management of canine cruciate ligament (CCL) ruptures. This is a common cause of lameness in dogs.

Surgery is performed in up to two-thirds of diagnosed patients. Surgical registries aim to improve patient outcomes and minimize complications, while identifying factors that may be associated with good or poor outcomes. Numerous surgical techniques exist, however there is a lack of high-quality evidence on the prevalence and comparative outcomes of each. Advising on surgical procedures that have the best outcome can be difficult.

We are therefore aiming to gather as broad a sample as possible of accurate, up-to-date data on canine CCL techniques and outcomes. This data will be used to evaluate which surgical techniques and implants lead to improved patient outcomes and are associated with the least complications. Outcomes will be owner assessed. This registry will aim to help guide veterinary surgeons' decision making within the practice. It will provide accurate rates of success and complications that can be discussed transparently with owners and used to form a treatment plan, enhancing public trust within the sector and improving patient care.

The registry will also allow individual veterinary surgeons to perform clinical audit and compare their outcomes with peers, allowing for quality improvement.

Veterinary surgeons will be able to view only their own data, though they will be able to make comparisons with anonymized data within the registry.

To register your interest please visit www.rcvsknowledge.org/canine-cruciate-registry.

KEY LEARNING OBJECTIVES

- Discuss the controversies around manging cranial cruciate ligament ruptures
- Discuss ways the evidence could be improved
- Introduce the RCVS Knowledge Canine Cruciate Registry

MULTIPLE CHOICE QUESTIONS

1. Who can contribute cases to the registry?
(A) Specialists
(B) General practice veterinary surgeons
(C) Advanced practitioners
(D) All veterinary surgeons performing cruciate surgery
2. How will the registry measure outcomes?
(A) Videos
(B) Force platforms
(C) Radiographs
(D) Owner-assessed outcomes
3. Who will be able to report complications with surgery?
(A) Veterinary surgeons
(B) Owners
(C) Complications will not be able to be reported
(D) Veterinary surgeons and owners

Helping the whole clinical team make a real difference to antibiotic use

Rachel Dean

Improving the quality of the care we provide is important to all members of the clinical team, the patients they care for and the clients who own the animals.

Continuous quality improvement (QI) can be perceived as a complicated governance activity that involves many steps and collection of large amounts of data. In addition, the language used around QI is often very complex and sometimes feels far removed from everyday practice. Only the people who have direct contact with

veterinary patients, for example, veterinary surgeons, veterinary nurses and support teams, can truly have an impact on the quality of care provided, hence it is vital that all of the clinical team is engaged if it is really going to affect care rather than be a 'tick-box' activity.

To begin implementing QI activities that make a difference in practice, everyone needs to know what QI is, what the purpose of it is and, also, what it is not. QI includes *all* the activities that are undertaken to improve patient care — this can vary from a chat over a coffee about a particular case to a complete quality-improvement cycle that alters standard operating practices across a number of practices. A lot of QI is informal and needs to be recognized, recorded and rewarded. QI is not about identifying fault, so a healthy, no 'blame and shame' clinical culture is needed for successful implementation.

The most impactful QI activities are when the clinical team decide together what areas of practice need to be improved. Establishing the best way of improving care needs to not just be based on what the evidence suggests is 'best/better' but also encompasses what the